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Common steroid medication does not reduce risk of long-term pain after heart surgery

Published on October 26, 2015 at 6:53 AM

A common steroid medication does not ease long-term pain at the incision site made during open-heart surgery, according to results of a large multicenter randomized controlled trial being presented at the ANESTHESIOLOGY® 2015 annual meeting.

Traditional open heart surgery involves a 6- to 8-inch vertical incision along the breast bone, and the ribs are spread to allow access to the heart. As many as 56 percent of people who have this surgery report bothersome and persistent pain at the incision site lasting three months or longer. Researchers tested whether methylprednisolone - a corticosteroid that relieves pain and eases inflammation - would help reduce the risk of this long-lasting pain. The study included more than 1,000 patients, about half of whom received methylprednisolone, while the remainder had a placebo, or sugar pill. The results were also published today in the Online First edition of *Anesthesiology*, the official medical journal of the American Society of Anesthesiologists (ASA).

"Unfortunately, methylprednisolone did not reduce the risk of this long lasting pain," said Alparslan Turan, M.D., lead author of the study, and vice chair for education at the Department of Outcomes Research, Cleveland Clinic. "While we're not sure what causes ongoing incisional pain, we believe it's tied to inflammation. We were hopeful the steroid would help because it's used to treat a number of inflammatory conditions, such as arthritis and colitis."

Researchers examined 1,043 people who had open heart surgery. About half (520 patients) received methylprednisolone and the other half (523 patients) received a placebo. After six months, 78 patients who received the steroid (15.7 percent) and 88 patients who did not (17.8 percent) experienced pain at their incision site, which was not statistically significant. Patients received the steroid or placebo in two intravenous doses, one during the induction of anesthesia and the other when the patient was placed on cardiopulmonary bypass, in which the heart and lungs are stopped and a machine temporarily takes over those functions.

While smokers typically report more postoperative pain than nonsmokers, researchers found patients in the study who smoked were no more likely than nonsmokers to report incisional pain six months after surgery. Patients who had ongoing pain were more likely to be younger, women or had suffered a deep surgical site infection.

Source:

American Society of Anesthesiologists (ASA)
